

Name
in
Full

Allen Ball

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at St. Georges Island St. Mary's County

MARYLAND

Date of death 1908 Month Dec. Day 14 Years 27 Months Days

Sex Male

Color or Race White

Birth-place St. Georges Island, Md.

Occupation Walesman

Where Residing if not
at place of death

Married, Single or Widowed Married

Name of Wife or Husband

Robert Adams

Father's Birthplace Virginia

Father's Name George Ball

Mother's Maiden Name Ellen Siegle

Mother's Birthplace Virginia

Name of person giving Information Aaron Ball

How related to deceased Brother

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis

How long

3 months

Immediate Exhaustion

How long

term date illness

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

P. Harper Lynch No. 6

Valley Lee, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Carney Forest

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town		St. Marys		County		MARYLAND	
Date of death	1908	Month Dec	18	Day	Years 60	Age	Months	Days
Sex	Male	Color or Race	white	Birth-place	St. Marys			
Occupation	Dry Goods Woman		Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Ida Piegee Forest		Father's Birthplace	Don't know		
Father's Name	Dr. Forest				Mother's Birthplace	Don't know		
Mother's Maiden Name	Don't know				How related to deceased	Friend		
Name of person giving information	Frank Craven				How long	All his life		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

56

Primary

Chronic alcoholism

Immediate

Chronic alcoholism

Are the name, age, sex, color, date and place correctly given above?

Yes.

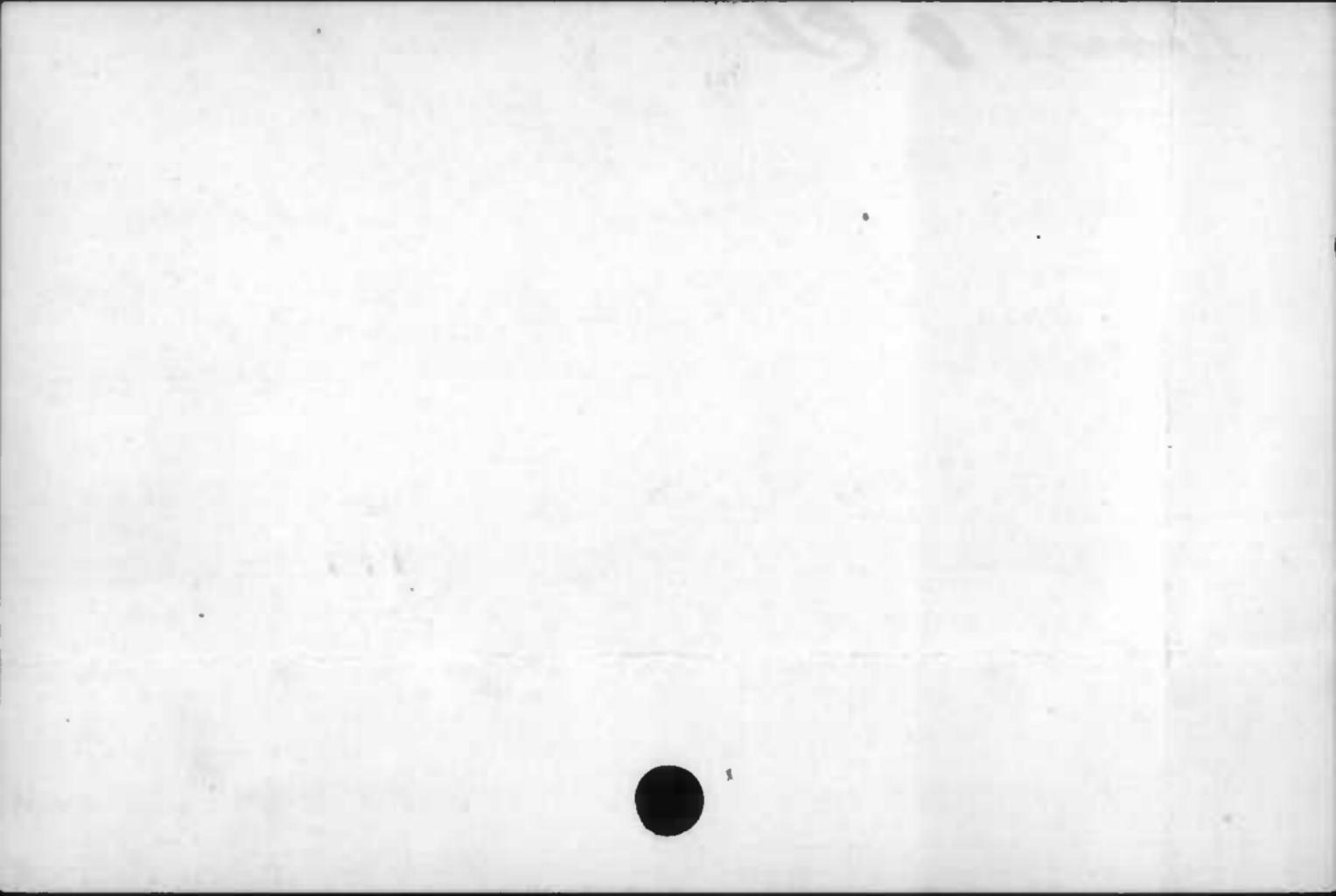
Signature of Physician

Address

St. Lloyd
Ridge
Md

Accident or Suicide?

Accidental



Name
In
Full

~~Robert~~ & ~~Ch~~ Sallie Gough
Died at Ridge Town St Marys County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Died at <u>Ridge</u>		Town	St. Mary's		County	MARYLAND	
Date of death <u>1908</u>	Month <u>Dec</u>	Day <u>13</u>	Years <u>Age 63</u>			Months	Days
Sex <u>Female</u>	Color or Race <u>colored</u>			Birth-place <u>St. Mary's</u>			
Occupation <u>Domestic</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>George Vaughn</u>						
Father's Name <u>Don't know</u>			Father's Birthplace <u>Don't know</u>				
Mother's Maiden Name <u>"</u>			Mother's Birthplace <u>"</u>				
Name of person giving information <u>Elie Vaughn</u>			How related to deceased <u>Son</u>				

PHYSICIAN COBONNEB

Primary

Cancer *retiformis*

42

Immediate

Ehongxi

1 Year

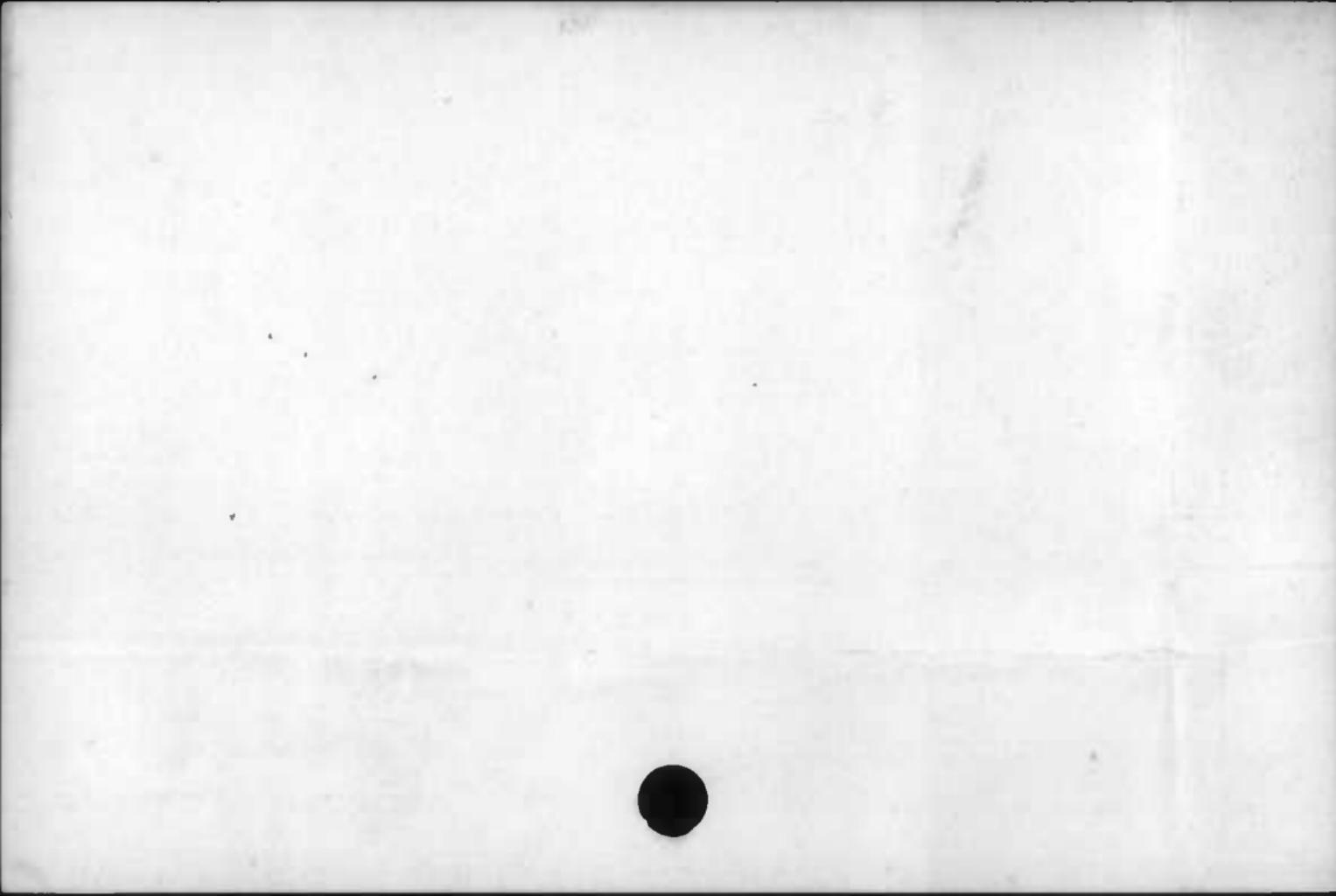
Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

⁸ 3 weeks

Accident or Suicide?

Address



Name
in
Full

Charles Henry Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Birth-place		St. Marys Co Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace		St. Marys Co Md,	
Father's Name	Wilhelma Green		Mother's Birthplace		St. Marys Co Md,	
Mother's Maiden Name	Sathie Bradson		How related to deceased		Father	
Name of person giving information	Wm. Green					

CAUSES OF DEATH

92

Primary

Broncho-Pneumonia

How long

One day

Immediate

congestion of lungs

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. Hobbs Lynch, M.D.

Address

Valley Lee, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

